STATEMENT OF DEFICIENCIE	EALTH AND HUMAN SERVICES	<i></i>			E 04/07
1917 IEWENT OF BEEKSENCK	ICARE & MEDICAID SERVICES	OI C	9/17/14_	PRINTE.	D: 08/02/20 M APPROV
AND PLAN OF CORRECTION	S (X1) PROMOCP/Street Court	(X2) MI	PLTIPLE CONSTRUCTION	OMB N	<u>0. 0938-03</u>
Dr. th	IDENTIFICATION NUMBER:	A. BUIL		(X3) DATE COMPI	SURVEY LETED
100 101	44E200	8. WING	3	1	C
NAME OF PROVIDER OR SUP	PLIER	- 		08/	03/2012
LAURELBROOK SANIT,	ARIUM		STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE		
(X4) ID SUMMA	RY STATEMENT OF DEFICIENCIES		DAYTON, TN 37321	· ————————————————————————————————————	
	MENCY MUST BE PRECEDED BY FULL Y OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)		(OB) COMPLETION DATE
F 000 INITIAL COM	MENTS	F 00	The resident has the right t	o exercise	
Complaint inc		ļ	his or her rights as a reside	nt of the	ĺ
I MAKE COLUDING	estigation #30147 and #30176 d at Laurelbrook Sanitarium on		facility and as a citizen or a	esident	
: Mugust 5, 2012	NO deficiencies summe etc		of the United States.		
) TORRIGO (O COM)	(1810) #3111778 HB466 49 ACA BAALL		The resident has the right to of interference, coercion,	be free	•
F 151 (483.10(a)(1)&(2	ents for Long Term Care. PRIGHT TO EXERCISE RIGHTS		discrimination and	from the	
OGED - TALE OF REP	RISAL	F 151	facility in exercising his or rights.	her	
The resident ha	s the right to exercise his or her)Buto.	j	
i rights as a resid	HILDI IOO MAMMA AA A A /			}	
or resident or the	United States.	i	1) The Director of Nursing & M	ADS S	X/I
The resident has	the right to be free of	ĺ	Coordinator reviewed the vo	ting	8/13/12
(milenerence, coe	ICIOR dicorimination and a color	. 1	process with the Activities	_	' 1
i nom the racinty (exercising his or her rights.	}	Coordinator on the afternoor	of	1
This REQUIREM	ENT is not met as evidenced	ļ	August 3, 2012 to ensure		- 1
		1	information is provided to an	У	1
records review of	record review, review of facility	l	resident who requests inform on voting procedure or candid	ation	- 1
records, observati	ion, and intension the feature	i	information prior to an election	ate	1
	(MR 977 ('Allah, ***);) - (1	Voting policy and Resident R	ighte	- 1
i michinadon lo ens	UNA INTORMACI WAKAA ALALAA AA A	}	policy were reviewed and rev	sed by	ľ
one resident (#1) (of five residents reviewed.	Í	the Administrator on 8/10/12.	On I	
The findings includ	fed:	1	8/13/12 the Administrator rev	lewed	
į			these policies with all Departm	nent	
Resident #1 was a	dmitted to the facility on May 7,	1	Head on 8/13/12. A mandator	y in-	
Cardiovascular Acc	es including History of clarify (Stroke), Hypertension,	[service was conducted with all		
Digneres Melluns 1	ype II, and Chronic Pain	j	nursing staff on Resident Righ Policy beginning on 8/10/12,	ts	- 1
' Syndrome.		,]	8/11/12, 8/12/12, and 8/13/12.	1	}
Medical record revi	ew of an Admission Minimum sessment dated May 17,				
(4012, revealed a Br	ief Interview for Mental Status with a score of fifteen out of				
ATORY DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGNATUR	i C			
	٦,	$\langle \mathbf{a}_{n} 1 \rangle$	MILE VA	(XXX) DA	
iciency statement ending with a	n asterisk (*) denotes a deficiency which the ection to the patients. (See instructions.) Exercise a plan of correction is resided.		mun pro 60-	8/18/12	-

y deficiency statement ending with an esterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that er safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days is following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

3M CMS-2567(02-99) Previous Versions Obsolete

Event ID:989K11

Facility (O: TN7201

If continuation sheet Page 1 of 3

08/	08/2012 10:34	8655945739	HEA	LTH CARE FAC	CILITY	PAG	E 05/07
DEPA	RTMENT OF HEALT!	H AND HUMAN SERVICES		•		PRINTE	D: 08/02/20
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		j	A. BUILL	JING		COMP	reled
		446200	B. WING			1	C
NAME OF	PROVIDER OR SUPPLIER					08/	03/2012
LAURE	LBROOK SANITARIUM	•	l e	TREET ADDRESS,	CTY, STATE, ZIP CODE		
		•		114 CAMPUS DR			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	,	DAYTON, TN 3	 .	••	
PRÉFIX TAG			ID PREFIX	PROV	DER'S PLAN OF CORRECT	TION	1
	:	C IDENTIFYING INFORMATION)	TAG	CROSS-REI	PERENCED TO THE APPR	ULD BE	COMPLETION
				1	DEFICIENCY)	COPRIATE	DATE
F 151	Continued From pag			Tr.			<u> </u>
. ,01	Communed Light bag	<u>le 1</u>	F 151	The cur	rent Activities Coor	rdinator	[
٠ .	inteen. A score of fil	feen revealed the Resident's		was trar	isferred to another r	position	1
ļ	cognition was intact.	1 === (15		in the ed	ucational section of	the	į ,
!	Modiani massa			Company	on 8/4/12 by the P	Drogidant	
- 1	Merical tecord teller	v of an Activity Progress		of the Co	mpany and an Inter	resident	[]
	TIVE WALES THE TOTAL	1177 # ## ##10 m ==		Activities	Coordinator was	ım	
	AIR MADINGHI HAN MAN	M 98 98880000000000000000000000000000000		appointed	ooldinator was		
()	Voting schoduled to	and voting (Absentee	i			I	- 1
í.	12. 2012 at 0:30 am	occur at the facility on July		(Attachm	ent - Policies: Voti	ng ¦	
10	12, 2012, at 9:30 a.m. evealed. " (Resident	t) said (Resident did not	- 1	and Resid	ent Rights)	į.	
1.5	A LOAR BALLO BY RUMB TUL	1/00Midba/04	ł			į	- 1
1.0	THE PARTY OF THE PROPERTY	DIR (RABBIRANN Lauta	İ		•	1	. 1
		J RCMTOCTO MAR Shart I sale	- 1	On 8/8/12	the MDS Coordina	ton :	8/13/12
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1 1	TANDALINA MADO DIN NIDA	SPT Decoller (Davidians)	1	if they had	itively alert to deter	nune	1
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i ei	ections"		1	иногијано:	n or did have an	j	l
١.,		ļ	ł	opportunity	y to vote. There wa	s only	į
11/1	edical record review (of an Activity Progress	-	one resider	It that voted and he	voted	ı
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1 4174	e , was the Deballines.	IVIVIDION A MARK	ļ	information) . ·	ľ	1
loc	e candidates.	ined information about]	(Attachmen	t - Resident Roster	- mith	1
100	val carrolustes,	1	,	highlighted	resident who voted	W.III. 1	1
ÍRA	view of a facility door	manufacture to a		J J 111		<i>י</i>	1
rev	ealed information to	ment dated June 4, 2012, register Resident #1 was				- 1	ľ
sut	mitted to the Election	Commission by #1 was	}	ļ		. [ĺ
Act	ivity Coordinator.	. Commission by the	1	i	•	·	j
i			}			- 1	1
Rev	iew of an Election Co	mmission notice to vote,	ļ	į		- 1	ſ
i (no	vale). addressed to t	De facility informed was	- 1	ł		- }	- 1
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a.m.	.,."to vote your regis	itered Residents"	ł	-			1
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oun	Room, on July 31, 20	112, at 4:30 p.m.,	1	}		1	ľ
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567(02-9	 Previous Versions Obsolete 	Event ID: 958K11	Facility ID	TN7204			
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				ALTH CARE		PAG	E 06/
DEPAR	RTMENT OF HEALTH	AND HUMAN SERVICES			j		
CCIAIL	ISS FOR MEDICARI	& MEDICAID SERVICES				FOR	D: 08/0 M APPR
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CONSTI		OMB N	O. 0938
4.51.5314	O CONTECTION	IDENTIFICATION NUMBER:			RUCTION	(X3) DATE	SURVEY
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		44E200 .	S. WIN	G		1 .	. 0
NAME OF F	ROVIDER OR SUPPLIER			******		08/	03/201;
LAUREL	BROOK SANITARIUM	1	ľ	114 CAMPUS	SS, CTY, STATE, ZIP CODE	•	
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į	revealed the Resider	It was sitting in a wheel-bair	F 15	ין was וי	transferred to another	· ich in the	8/12
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				new A	Activities Coordinato	J. THE	
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Ja	nterview with the Acti	vity Coordinator on August		on 8/1	3/12. Resident Righ	g Policies	
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11	inderstand the proce	process in Tennessee; but as in Rhode Island. To be		4) The A	.	ĺ	٠.
. 110	arcer i oldini i inili utu	1 KUOW Wholes de u		4) The A	dministrator will m	onitor	8/21
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1 1 12	~!44!! T. I WIG! EIN !!!!	ID IDEOFTS AND A 44 - 1	- 1	will ob	serve the interaction	ne with	
)	ormed voting decision	ii on July 12, 2012.	- 1	residen	ts and the Activitie	, WILLI	
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#407 P.005/012

Rolliten Dogmorani

From:

Highlights **Policy Statement** Our facility allows personnel time off to vote. The facility will make arrangements for residents to vote either as absentee or early voting or will take to polls, all efforts will be provided for early voting at the facility for those resident's unable to travel. Policy Interpretation and Implementation Right to Vote 1. It is the right of every person to vote. Our facility encourages all personnel and residents to exercise this right. Scheduling Voting Time 2. Voting stations open early and close late. Therefore, we request that employees schedule their voting time so as not to interfere with their work time. Any Resident wanting to vote, the facility will work with the schedule of the residents to accommodate voting time. Requesting Time Off to 3. Personnel required to work during voting hours will be given time off, with pay, to Vote vote. Such requests must be approved by the department director and noted on the employee's time card. An employee will be assigned to provide transportation for residents who desire to go to the voting polls or assist with voting absentee. Authorization for Time Off 4. Personnel authorized to take time off to vote will be permitted to arrive at work one to Vote (1) hour late or to leave work one (1) hour early. The department director must initial the employee's time card to indicate that such leave time was for voting time. The employee will be paid for the full shift. (Note: The facility reserves the right to verify whether or not the employee voted.) Information for voting 5. Information will be provided to resident upon request concerning the voting process process or candidate or candidate information. information DREAT REGIONS n/a tion one Shriber green the Monte n/a

From:

Polica By:	
Date: 3 10 12 By:	
Date:By:	

Highlights	Policy Statement
	Employees shall treat all residents with kindness, respect, and dignity.
	Policy Interpretation and Implementation
Guaranteed Rights	 Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to:
	 a. Be informed about what rights and responsibilities he or she has; b. Have the facility manage his or her funds (if he or she wishes); c. Choose a physician and treatment and participate in decisions and care planning; d. Privacy and confidentiality; e. Voice grievances and have the facility respond to those grievances; f. Examine survey results; g. Work or not work; h. Privacy in sending and receiving mail; i. Visit and be visited by others from outside the facility; j. Use a telephone in privacy; k. Retain and use personal possessions to the maximum extent that space and safety permit; i. Share a room with a spouse, if that is mutually agreeable; m. Self-administer medication, if the interdisciplinary care planning team determines it is safe; and n. Refuse a transfer from a distinct part within the institution. o. Provide timely information as requested especially voting information on candidates as available prior to voting
xercising Rights	Residents are entitled to exercise their rights and privileges to the fullest extent possible.
ssisting Residents in tercising Rights	3. Our facility will make every effort to assist each resident in exercising his/her rights to assure that the resident is always treated with respect, kindness, and dignity.
opies of Resident Rights	 Copies of our resident rights are posted throughout the facility, and a copy is provided to each employee upon hire. Each employee has a duty to read and learn the residents' rights.
elease of Resident formation	5. The unauthorized release, access, or disclosure of resident information is prohibited. All release, access, or disclosure of resident information must be in accordance with current laws governing privacy of information issues. All inquiries concerning the release of resident information should be directed to the HIPAA Compliance Officer.

- •		er.		
Orien	fation/	Пra	11111	nρ

Inquiries

- 6. Orientation and in-service training programs are conducted regularly to assist our employees in understanding our residents' rights.
- 7. Inquiries concerning residents' rights should be referred to the Social Services Director.

	and Referen	Yes
OBJECT REPRESENTATIONS LEAGURE STRIPPES	483.10(a)-(o)	
Singly Lagrangers	F151-F177	
: Kijk red Dovingaris	Resident Rights Guidelines	for All Nursing Procedures
	Date: 8 10 13	Ву:
2311	Date: 7 19 19 19 19 19 19 19	Ву:
Rovinsii s	Date:	Ву:
	Date:	Ву:

				OK NUI	RSING HOME		
Rm#	Name		adm#	Rm#	Name		adm #
1 A	HOLLIFIELD, Naomi	3	939	15A	SPURLOCK, Marva		1029
1B	HARRIS, Jean	4	899	15B	HAYES, Shannon		1038
2A	RUTH, Ann		1018	 16A	JENKINS, Margaret	4	768
2B	SEAY, Joyce	2	970	16B	BRITT, Novellia		1041
3A	TARANA, Patricia		972	17A	MARTI, Jessica	4	678
4A	FORBES, Virginia	7	1022	17B	RADKEY, Jessica		1040
5A	BLEVINS, Estella	3	955	18A	MILLER, Sayde	4	951
6A	VANDERGRIFF, Marie	4	857	18B	SMITH, Isabelle	3	940
7A.	MALONE, Marsha	4	925	19A	BOATWRIGHT, Gary	3	941
8A	MEDESTE, Kabura	1	964	19B	BLANCHARD, Arnsud		1031
P1	LINDSEY, Prudence	3	862	20A	WHITED, Ray	3	919
P2	FRYE, Lillian	3	916	20B	HALL, Tommy		1032
P3	HANKS, Louise	4	846	 21A	EARLS, Donnie	2	924
P4	TATE, Shirley	4	968	21B	McKAY, Robert		1013
9A	SHADWICK, Margaret	3	823	22A	ARNETT, Grant		1032
9B	DANNIELS, Jennie		1016	22B	BOYD, Terrance Lee	4	927
10A	THOMPSON, "Sula"		1042	23A	PRICE, Wilbur		1006
10B	PARR, Tyanna		1039	23B	STUMPHF, Walter		988
IIA	SERRANO, Incs		1004	 24A	AUGUSTINE, Femell		1003
1 B	CHERRY, Sandra	4	987	24B	SMITH, Brian Polk Cha-	Vace	999
2A	KEYS, Incz	3	880	25A	FINE, Lowell		1028
2B	CASPELICH, Kim		1014	25B	VEAL, Dolph Ed		1035
3A	EARLE, Margaret	4	948	26A	DENNIS, Raymond		1010
3B	MCGILL, Betty	4	947	26B	WILSON, Randy		1019
4A	LAROSA, Laura	4	958				
4B	HOWELL, Doris	4	889				
:	Total Acuity Team I			Total Act	uity Team 2		
	Women	34	[[Independent	1	
	Men	16			Limited Assist	2	
[Total Census	50			Extensive Assist	3	
	07/25/2012			 	Total Care	4	

ORIENTATION AGENDA

7:30am – 8:15am Introduction

Welcome – History

Mission Statement

Resident Population - Age Specific Concerns

Customer Service

8:15am - 8:30 Laws / Regulations

Corporate Compliance Program

Family Medical Leave & Parental Leave

False Claims Act

8:30am - 8:40am Resident's Rights

Resident Abuse Elder Abuse Law

Advance Directives / POA / DNR

8:40am – 9:00am CDC/Infection Control

Handwashing

Standard Precautions Isolation Precautions

Blood/Body Fluids Spill/Clean up/Kit Location Exposure Control Plan – Location, Bloodborne

Pathogens, PPE, Interactive Questions

9:00am - 9:15am Tour of Facility/Morning Break

Time Clock

Resident Care Areas

Break Rooms / Designated Smoke Areas

Parking

Departments - PT, OT, SLP, Dietary, Maintenance,

Laundry, Housekeeping, Admissions, Social services, Business Office

9:15am - 10:15 Insurance / Payroll

1-9 Form

EEO Data Form

W-4 Form

Payroll Authorization Form

Time Card/ID Badge / Replacement Fee

Employee Wage Information Sheet

Employee Benefit Summary - Health, Dental,

Vision, Life,

401 K, Vacation, Sick Time, Tuition Reimbursement

Job Description/Signed

10:15am - 10:45

Employee Handbook

Dress Code

ID Badge

Attendance Requirements

Sick Time/Call Out/Failure to Call

Vacation Requests

Overtime

Tardy

Medical Leave or Leave or Absence

Injury on Job

PRN Policy

Minimum Hours

Weekends

Clock In / Clock Out

Tardy

Early

Leaving Building

Missed Punches

Employee Grievance

Communication

Drug Free Work Force

Electronic Medical Record Password

Cell Phone

Gait Belt

10:45am - 11:00am

Employee Health

Reportable Conditions

New Employee Health History

Emergency Contacts

Hepatitis B Vaccine

Flu vaccine (During Flu Season)

TB Screening